Application No: 09/534,647 Attorney Docket No.: INS0010US Notice of Allowance Dated: April 16, 2009 REPLACEMENT SHEET

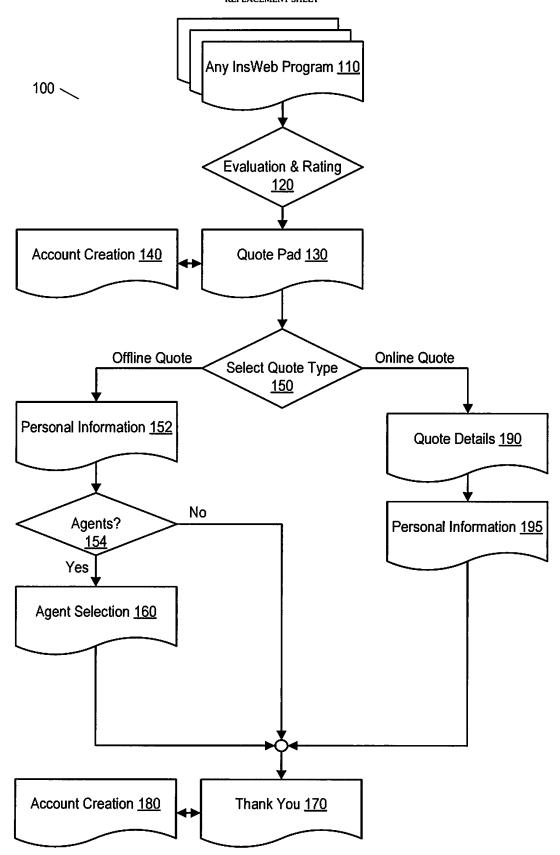


FIG. 1 (Prior Art)

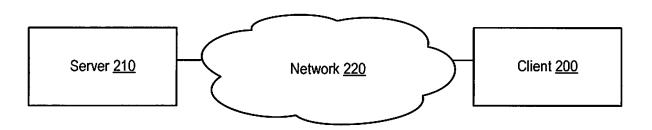


FIG. 2A

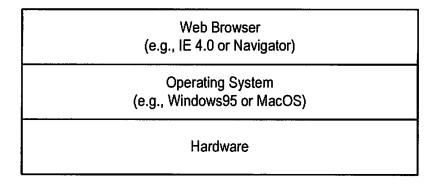
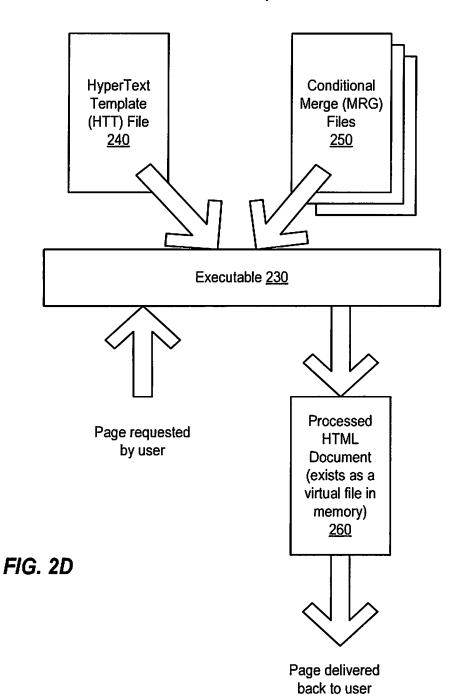


FIG. 2B

## **Process Starts** HyperText Conditional Template Merge (MRG) (HTT) File Files 240 <u>250</u> Template requested 2 3 by executable Conditional logic requests additional Executable 230 templates Processed Page requested **HTML** by user **Document** (exists as a virtual file in memory) <u>260</u> FIG. 2C Page delivered 5 back to user

# **Process Repeats**



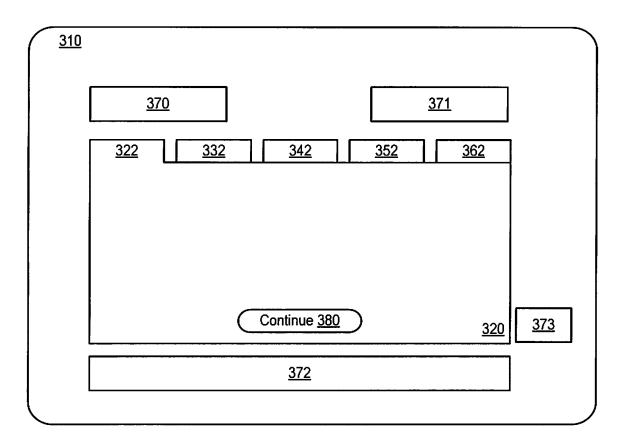
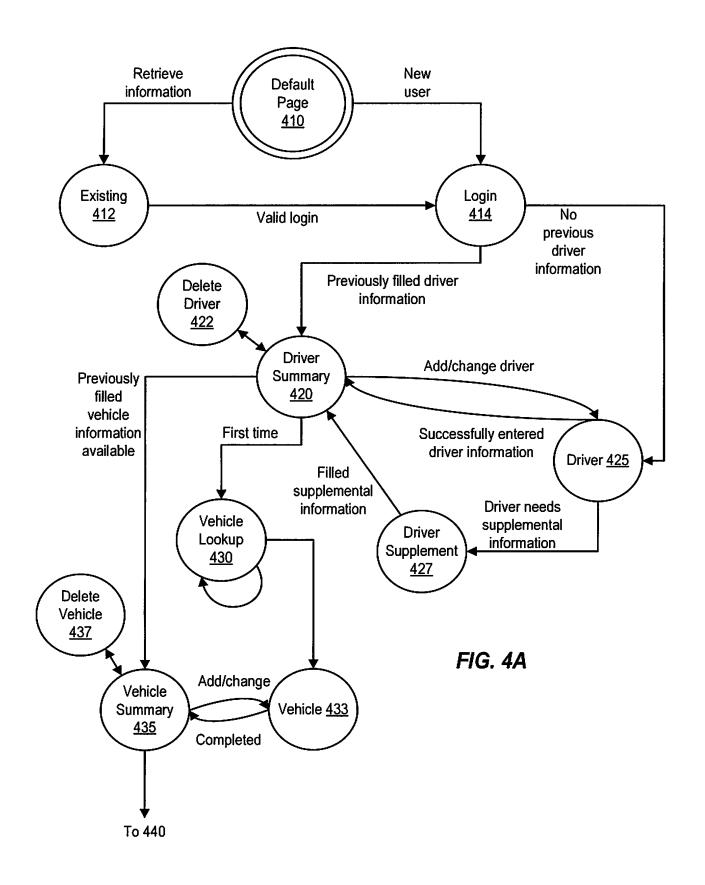
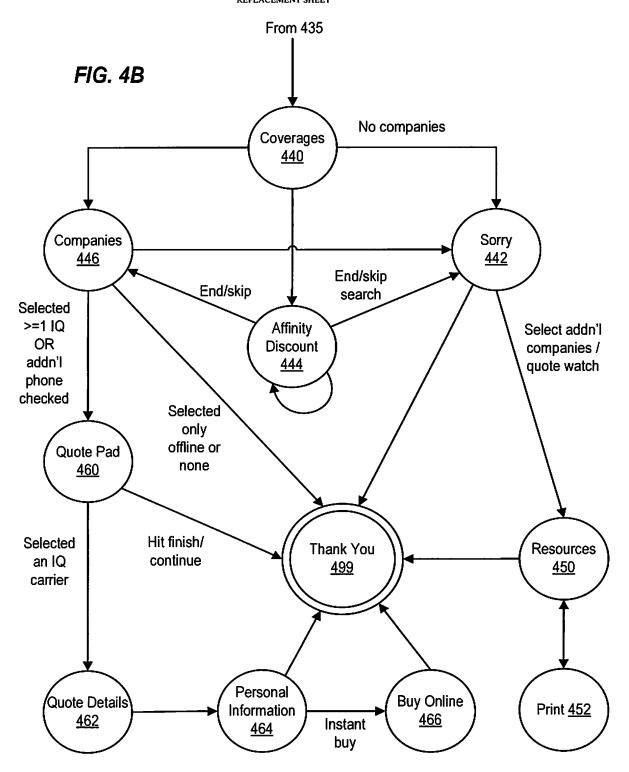


FIG. 3





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FIG. 6

#### REPLACEMENT SHEET

Priver #1 Info  Tip: Click on for question-specific help.  Personal Information  First Name: Sleve  Date of Birth: 11 / 16 / 1958  Gendou: M F  Marital Status: Merried Information  Po You Currently Rent or own your residence?  Which residence type best describes your home? How long have you lived at your current residence?  (if less than a month, enter one month) How long did you tive at your previous residence?  (if less than a month, enter one month) What is your occupation?  (if retired, select previous occupation) Are you retired? How many years have you been in your present occupation or been retired? Have you ever been in the active military service?  (if you have an international license, select "International License Only") How old were you, in years and months, when you first received your U.S. license? In which state are you licensed to drive? (if you have an international license, select "International License Only") Have you completed a defensive driver course in the last 3 No Years?  In the last 5 years, has your license been suspended/revoked?  Do you need to file a financial responsibility form (SR-22)? Yes No No Note Poly of Note: Driving records are verified with the state's Department of Motor Vehicles.  Most poly of Note: Driving records are verified with the state's Department of Motor Vehicles.  No How you filed for bankruptcy, had any lawsuits or judgments against you, or Yes No No Had adverse credit in the last 5 years. or Yes GNo No Had adverse credit in the last 5 years. or Yes GNo No Had adverse credit in the last 5 years. or Yes GNo No Had adverse credit in the last 5 years?  How you of the first financial responsibility form (SR-22)? Yes GNo No experienced any losses in the last 5 years?  Note: Driving records are verified with the state's Department of Motor Vehicles.  Do you need to file a financial responsibility form (SR-22)? Yes GNo No had adverse credit in the last 5 years. or Fellow in the last 5 years?  How you file for any violations or involved in any accidents, regardless	INSWEB*	Have Questions? See our <u>Live Help Options</u>
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Tip: Click on for question-specific help.  Personal Information  First Name: Jamie  Date of Birth: MM OD 100 / 1960  Gender: M F Marital Status: Married  Marital Status: Married  Residence Information  What is Driver's occupation? (if retired, select previous occupation) Is Driver retired? How many years has Driver been in their present occupation or been retired? Has Driver ever been in the active military service? Is Driver a graduate of an accredited 2 or 4 yr. college or technical program?  Driving History How old was Driver, in years and months, when they first received their U.S. license? In which state is Driver licensed to drive? (if priver has an international license, select "International License Coly") Has Driver completed a defensive driver course in the last 3 years? In the last 5 years, has Driver's license been supended/revoked?  See No	Where You And Your Insurance	EB a	?	<b>Have Questio</b> See our <u>Live Help Opti</u>	ns? Ons
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Have Questions? (Live Help Options	Usage Discounts Coverage Quotes			Delivery: ه ۲es م No	Hire: م Yes ه No	Public Livery: C Yes G No	Commercial Registration: 「Yes のNo	Emergency Vehicle: C Yes G No	Check here to save your information $\Gamma$	Continue	
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	To make your coverage selection easier, use CoverageAssist <sup>SM</sup> below. It will automatically fill in coverage amounts, based on the level that you select and the state you live in.	Hang In there. You're close to completing the quote form. Keep this Mercedes SUV in mind. It could be yours!
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RIII)	Comprehensive Deductible:	Select ▼
€TEP	Collision Deductible: (Comprehensive Coverage is required for Collision Coverage)	Select ▼
<b>@</b>	Rental Reimbursement:	Select ▼
(III)	Waiver of Collision Deductible: (applies if you have an insured vehicle with Collision coverage)	Select v
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STEP	Choose a desired effective date for this policy: (must be today's date or later) Note: Coverage is not effective until you receive confirmation from Quote Pad.	MM DD YYYY  03 / 21 / 2000  In the insurance carrier selected on the
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# Vehicles Usage

- Uncheck the box in the "Quote Me" column if you do not want a quote from a particular company.
- Select an agent from the drop-down box that may appear undemeath a company to receive a quote.

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State Farm Insurance Companies Libe a good acighbor, State Farm is there	AAA/A++	Ø	

### Select an agent from the list below to receive a quote from State Farm:

Select... Kemper. COMPANIES A/A+ V GE Financial Network AA/A- $\square$ AVA rion<sub>Auto</sub>  $\square$ N/A/A++ V FINANCIAL INDEMNITY COMPANY 21st Century A+/A V Insurance Company Api/A+ 図 GMAC Insurance ANCE A/A-図 NR/A 図 A/A+ Ø A/A-V

Where You And Your Insurance Really Circk				e.		Have Questions? See our <u>Live Help Options</u>		
Star	t	State	Drivers	Vehicles	Usage	Discounts	Coverage	· Quotes
			nmary <u>1710</u>					
itten lick	tion on	l / l ind L next	licates that day to the entries be	a on this pag low for detailed	e is either in instruction	missing, inco 5	rrect or requi	res update:
	No.	Name	Date of Birth	Relationship		Residence State	Change	Delete
<b>1</b>	1	Steve	11/16/1958	Self	CA	CA	· 1. 1 · 5 · 1	(required)
	2	Jamie	01/10/1960	Spouse	CA	CA	Change	Delete
					Add Ar	other Driver	Add 1	
		J	Add any addit	ional licensed	drivers living	in household		
			Che	ck here to sa	ve your info	ormation [		
				: 0	Continue			

FIG. 17

Where You And Your Insu	WEB	Have Questions? See our <u>Live Help Options</u>				
Start State	Drivers	Vehicles	Usage	Discounts	Coverage	Quotes
Vehicle Us	age			7. P. S.		
	cle Usage Ta at the percenta		ch vehicle is	driven by each li	sted driver	
18 <sup>7</sup>		Driver 1 Steve	Vehicle #1 989 Toyota 70 ₹ % 30 ₹ % 100%	Vehicle #2 1992 Toyota 0		
Vehicle #1: 1989  How many mile					9320 mi	les
What is the vel	nicle <i>primarily</i>	used for?			Commute	¥
If Commut questions.	e is selected	above, please	answer the fo	ollowing two	. <b>.</b>	
How many	miles is the v	ehicle driven d	uring one-way	commute?	13 miles (or	ie way)
How many	days per weel	k is the vehicle	used for co	mmuting?	5 days/wee	ek
ls the 1989 To registration, or	yota used for as an emerge	delivery, hire,   ncy vehicle?	public livery,	commercial	C Yes & No	
Vehicle #2: 1992	Toyota, Coro	lla Deluxe 4V	VD.		<u> </u>	
How many mile	s is the vehic	le driven annua		9530 mi	les	
What is the vel	nicle <i>primaril</i> y	used for?			Commute	×
If Commut questions.	e is selected	above, please	answer the fo	ollowing two		
How many	miles is the ve	ehicle driven d	uring one-way	y commute?	15	
How many	days per weel	k is the vehicle	mmuting?	5 days/wei	ek	
ls the 1992 To registration, or			public livery.	commercial	r Yes • No	
	Ch	eck here to s	ave your inf	ormation F		
		9.15	Continue			

